

CONSENT FORM

CONSTITUENT INFORMATION DATE of BIRTH _____

NAME: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____ OTHER ID NUMBER: _____

_____ TELEPHONE: _____

TYPE OF BENEFITS APPLIED FOR: _____ DATE _____

AT WHICH OFFICE DID YOU APPLY? _____

If other than own account, name of person whose account you're filing on and their account #:

NAME _____ SOCIAL SECURITY NUMBER _____

Briefly describe problem or inquiry (use reverse side if necessary):

I request U.S. Senator Evan Bayh to:

CONSTITUENT AUTHORIZATION

I am aware that the Privacy Act of 1974 prohibits the release of information in my file without my approval. I give my authorization to U.S. Senator Evan Bayh, or his staff representative designated by him, to make proper inquiry on my behalf to _____.

Signed _____ Date _____

Request must be signed by involved constituent or legally appointed guardian, and returned to U.S. Senator Evan Bayh, 1650 Market Tower, 10 West Market Street, Indianapolis, IN 46204 (317) 554-0750.

Name and Address of Guardian: _____

_____ Zip Code _____

Inter-Office Information:

Office Contacted: _____ Call/Visit _____ Staff Member _____